

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

THIS SPACE FOR OFFICE USE ONLY

07 MAY -7 2008  
AGG  
ACU  
300

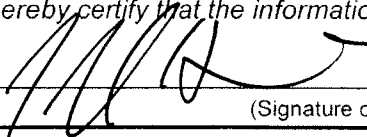
## LOBBYIST REGISTRATION FORM

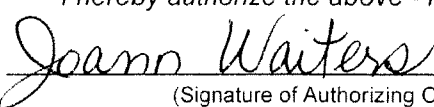
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hetherington	J.	George	523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington			523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Council of Life Insurers		(202) 624-2177
MAILING ADDRESS (Street)		FAX
101 Constitution Avenue NW		(202) 572-4858
(City)	(State)	(Zip Code)
Washington	District of Columbia	2001-2133
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Joann Waiters, Esq.		(202) 624-2177
MAILING ADDRESS (Street)		FAX
101 Constitution Avenue		(202) 572-4858
(City)	(State)	(Zip Code)
Washington	District of Columbia	2001-2177

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	<u>5/1/07</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Joann Waiters		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Counsel, State Relations
NAME OF ORGANIZATION (if applicable) American Council of Life Insurers		TELEPHONE (202) 624-2177
MAILING ADDRESS (Street) 101 Constitution Avenue NW		FAX (202) 572-4858
(City) Washington	(State) District of Columbia	(Zip Code) 2001-2177
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		<u>May 1, 2007</u> (Date)